

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 265686

FILED
Feb 03, 2009
Secretary of State

Entity Name: CHENEY BROS., INC.

Current Principal Place of Business:

ONE CHENEY WAY
RIVIERA BEACH, FL 334047000 US

New Principal Place of Business:

Current Mailing Address:

ONE CHENEY WAY
RIVIERA BEACH, FL 334047000 US

New Mailing Address:

FEI Number: 59-1003104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCBRIDE, RACHELLE R ESQUIRE
ONE CHENEY WAY
RIVIERA BEACH, FL 334047000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BELL, PATTI L
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CD () Delete
Name: RUSSELL, BYRON C
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: P () Delete
Name: JAYNE, MARK H
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: BOZZUOTO, MICHAEL A
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: SULLIVAN, MIKE
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FOLEY, WILLIAM
Address: ONE CHENEY WAY
City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON C RUSSELL

CD

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date